

OFFICE OF LEGISLATIVE RESEARCH
PUBLIC ACT SUMMARY



PA 23-174—sSB 1075

Public Health Committee

Appropriations Committee

AN ACT CONCERNING HOSPICE AND PALLIATIVE CARE

SUMMARY: This act makes several changes related to the provision of hospice care services, including:

1. requiring the Department of Public Health (DPH), by January 1, 2024, to establish a Hospice Hospital at Home pilot program to provide in-home hospice care to patients through in-person visits and telehealth (§ 1);
2. allowing the Department of Social Services (DSS) commissioner to apply for a Medicaid Section 1115 waiver to provide Medicaid reimbursement for hospice services delivered under the act's pilot program, to the same level DSS reimburses for Medicaid hospital-based hospice services (§ 5);
3. allowing (a) an advanced practice registered nurse (APRN) who provides hospice care through a DPH-licensed hospice home care agency to administer fluids or medications intravenously (IV), including by infusion or IV push and (b) a registered nurse (RN) to do so under physician supervision (§ 2); and
4. requiring certain individual and group health insurance policies to cover in-home hospice services provided by a DPH-licensed hospice home care agency to the same extent they cover hospital in-patient hospice services (§§ 3 & 4).

EFFECTIVE DATE: July 1, 2023, for the pilot program provision (§ 1); upon passage for the provision on the DSS Medicaid 1115 waiver (§ 5); October 1, 2023, for the provision allowing hospice home care agency APRNs and RNs to administer IV fluids and medications (§ 2); and January 1, 2024, for the provisions on insurance coverage for in-home hospice care services (§§ 3 & 4).

HOSPICE HOSPITAL AT HOME PILOT PROGRAM

The act requires DPH, by January 1, 2024, to collaborate with DSS and a hospital in the state to establish a Hospice Hospital at Home pilot program. The pilot program must provide in-home hospice care to patients through a combination of in-person visits and telehealth. Specifically, it must provide patients the following:

1. a daily telehealth visit by a physician or an APRN that the patient can attend using a computer or mobile device or, if the patient does not have one, a tablet the program provides;
2. in-person visits by an RN at least twice daily or more, as the patient's treating physician or APRN determines;
3. a 24-hour per day personal emergency response system (i.e., electronic

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- alarm system);
4. remote patient monitoring by physicians, APRNs, and RNs participating in the pilot program, if the patient and those living with the patient consent to it; and
 5. telephone access to an on-call physician or APRN if the patient, the patient's caregiver, or anyone living with the patient has immediate questions or concerns about the patient's condition.

Under the act, telehealth is a way to deliver health care or other health services via information and communication technologies to facilitate diagnosis, consultation, treatment, education, care management, and self-management of a patient's physical and mental health. It includes:

1. interaction between the patient at the originating site and the telehealth provider at a distant site and
2. synchronous (i.e., real time) interactions, asynchronous (i.e., not in real time) store and forward transfers, or remote patient monitoring.

It does not include faxing, audio-only telephone, texting, or email.

INSURANCE COVERAGE FOR IN-HOME HOSPICE SERVICES

The act generally establishes insurance coverage parity for in-home and hospital in-patient hospice care services. Specifically, it requires certain individual and group health insurance policies to cover in-home hospice services provided to an insured by a DPH-licensed hospice home care agency, to the same extent they cover hospital in-patient hospice services. Under the act, this coverage is subject to the same terms and conditions that apply to all other benefits under the policy.

The act prohibits policies from excluding coverage for a hospice service solely because it is provided in the home and not at a hospital, as long as the home service is appropriate for the insured.

It also specifies that the coverage requirement does not prohibit or limit a health insurer, HMO, hospital or medical service corporation, or other entity from conducting utilization review for in-home hospice services, as long as it is done in the same way and uses the same clinical review criteria as for the same hospice services provided in a hospital.

The act's requirements apply to individual and group insurance policies issued, delivered, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including those provided under an HMO plan.

Because of the federal Employment Retirement Income Security Act, state insurance benefit mandates do not apply to self-insured benefit plans. (Even though the state employee health insurance plan is self-insured, in practice it adopts these mandates.)